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CONFIRMATION NO. 6844

SERIAL NUMBER 10/521,067	FILING DATE 01/11/2005  RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. 31092-05
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/22297 07/17/2003  
which claims benefit of 60/396,222 07/17/2002

OK

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	TN	1	20	3
Examiner's Signature	Initials			

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## TITLE

Treatment for dry eye syndrome

FILING FEE  RECEIVED 250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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